

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Stretcher Van
Certificate from Ambustar, Inc.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2011-34-T
NUMBER: ~~2008-394-T~~

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Callie Smith

Telephone: 864-488-9906

Address: 154 Webber Rd
Gaffney, SC 29341

Fax: 864-488-3183

Other:

Email: callie.smith@ambustar.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☒ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

COPY
Posted: led
Dept: SA
Date: 1/21/11
Time: 1:00

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

RECEIVED
JAN 21 2011
PSC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

[Signature]

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - STRETCHER VAN

Date: 01-14-11

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

AmbuStar, Inc.

154 Webber Road, Gaffney, SC 29341
Street Address of Applicant

PO Box 370 Cowpens, SC 29330

Mailing Address of Applicant if different from street address

864-488-9906

Phone

864-488-3183

Fax

callie.smith@ambustar.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

George Brandt III, President 101 Wood Lily Ln, Spartanburg, SC 2930

Randy J. Guyton, V. President PO Box 1523, Cowpens, SC 29330

Walter R. Pettiss, Secretary/Treasurer 108 Mansfield Dr, Spartanburg, SC
29307

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Cash Basis

Balance at Time Application is Filed:

Month December Year 2010**Assets:**

Cash	22,218.09
Receivables	18,580.47
Real Estate	—
Buildings and Equipment (Net)	83,533.46
Motor Vehicles (Net)	83,019.80
Garage Equipment (Net)	5,400.00
Machinery and Tools (Net)	20,939.78
Supplies on Hand	—
Prepays and Other Assets	3,250.00
Total Assets	161,761.60
<u>Liabilities and Equity:</u>	
Accounts Payable	—
Notes Payable	263,825.00
Mortgages Payable	—
Equipment Obligations	69,103.54
Accrued Salaries and Wages	—
Other Accrued Obligations	—
Other Liabilities	—
Total Liabilities	332,928.54
Capital Stock	—
Retained Earnings	<171,166.94>
Total Equity	<171,166.94>
Total Liabilities and Equity	161,761.60

PROPOSED RATES AND CHARGES FOR SERVICEMaximum Rates and Charges for Service are as follows:

\$ 195⁰⁰ per patient per transport
 \$ 5⁰⁰ per loaded mile

Counties to be Served:

Abbeville	Clarendon	Jasper	Pickens
Aiken	Colleton	Kershaw	Richland
Allendale	Darlington	Lancaster	Saluda
Anderson	Dillon	Laurens	Spartanburg
Bamberg	Dorchester	Lee	Sumter
Barnwell	Edgefield	Lexington	Union
Beaufort	Fairfield	Marion	Williamsburg
Berkeley	Florence	Maulboro	York
Calhoun	Georgetown	McCormick	
Charleston	Greenville	Newberry	
Cherokee	Greenwood	Oconee	
Chester	Hampton	Orangeburg	
Chesterfield	Horry		

DESCRIPTION OF EQUIPMENT

[illegible]

*Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:

Empire Fire and Marine Insurance Company

Name of Motor Carrier

13810 FNB Parkway, PO Box 542003 Omaha, Nebraska 68154-800

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 131,277

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	<u>\$1,000,000</u>
Medical Payments per Person	\$ 1,000	<u>\$1,000</u>

Peeler Company Insurance

Name of Insurance Company

100-B N. Limestone Street Gaffney, SC 29340

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

1-14-11

Date

[Signature]
Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit FWAAmbustar, Inc.

Name

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

- ☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

- ☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

- ☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

- ☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

- ☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

- ☒ Yes ☐ No

Exhibit on Driver and Assistant Driver Qualifications

1. Applicant has read and understands Commission Regulation 103-133(8).

☒ Yes ☐ No

2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.

☒ Yes ☐ No

3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.

☒ Yes ☐ No

4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.

☒ Yes ☐ No

5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No

6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.

☒ Yes ☐ No

7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.

☒ Yes ☐ No

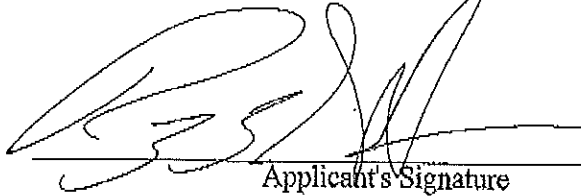
8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.

☒ Yes ☐ No

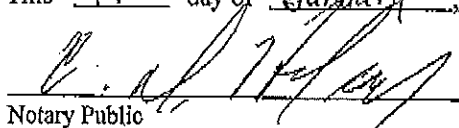
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Cherokee
Applicant's SignatureI, Callie Smith, Office Manager
Name of Applicant's Representative Titleof AmbuStar, Inc.
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Signature of Applicant's RepresentativeSWORN TO BEFORE ME
This 14th day of January, 2011
Notary PublicCommission Expires 5/31/2012

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

JAN 30 2007

ARTICLES OF INCORPORATION

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINATYPE OR PRINT CLEARLY IN BLACK INK

1. The name of the proposed corporation is Ambu-Star, Inc.
2. The initial registered office of the corporation is 360 E. Henry St., Suite 101
Street Address
- Spartanburg Spartanburg County South Carolina 29302
City County State Zip Code

and the initial registered agent at such address is Walter R. Pettiss
Print Name

I hereby consent to the appointment as registered agent of the corporation:

Walter R. Pettiss
Agent's Signature

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable;

- a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 100,000.
- b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares	Authorized No. of Each Class
_____	_____
_____	_____
_____	_____

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) _____

070130-0085
AMBU-STAR, INC.

FILED: 01/30/2007

Filing Fee: \$135.00 ORIG



Mark Hammond

South Carolina Secretary of State

Ambu-Star, Inc.
Name of Corporation

5. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).

6. The name, address, and signature of each incorporator is as follows (only one incorporator is required):

a. Walter R. Pettiss
Name
360 E. Henry St., Suite 101, Spartanburg, SC 29302
Address
Walter R. Pettiss
Signature

b. _____
Name

Address

Signature

c. _____
Name

Address

Signature

7. I, _____, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

Date 1-29-07

Joshua M. Henderson
Signature

Joshua M. Henderson
Type or Print Name

360 E. Henry St., Suite 101
Address

Spartanburg, SC 29302

864-582-2962
Telephone Number